## DEPARTMENTAL INPUT CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

New OTR		Sole Source	Bid Waiver	Emer	gency Previo	us Contr	act/Project No.		
Contract					873	6 Towin	g Services		
Re-Bid Othe	<u>er</u>			LIVING W	AGE APPLIES:	YES T	NO		
Requisition No./Project	t No.:	RQMT16000	134	TERM	OF CONTRACT	YEAR(S)	WITH YEAR(S) OTR		
Requisition / Project Title: Emergency Towing Services									
Description: This req	uest is	for emergeno	y towing services	of disable	ed buses for DTP	W's bus	operations division.		
Issuing Department: DTPW Contact Person: Jesus Valderrame Phone: 786-469-5291									
Estimate Cost: 240,000 GENERAL FEDERAL OTHER Funding Source: Ops-No CITI									
			ANAI	YSIS					
Commodity Codes:    968-90   Contract/Project History of previous purchases three (3) years									
		Check here	if this is a new contrac	t/nurchase w	ith no previous histor	v			
		····	if this is a new contrac ISTING	t/purchase w	ith no previous histor  2 <sup>ND</sup> YEAR	y.	3 <sup>RD</sup> YEAR		
Contractor:		····		t/purchase w		y.	3 <sup>RD</sup> YEAR		
Contractor: Small Business Enterp	prise:	····		t/purchase w		y.	3 <sup>RD</sup> YEAR		
	prise:	····		t/purchase w		y.	3 <sup>RD</sup> YEAR		
Small Business Enterp	prise:	EX					3 <sup>RD</sup> YEAR		
Small Business Enterp		EX VES	ISTING  NO	\$	2 <sup>ND</sup> YEAR		3 <sup>RD</sup> YEAR		
Small Business Enterp  Contract Value:  Comments:		EX \$ \$ YES	ISTING  NO  RECOMME		2 <sup>ND</sup> YEAR  ON				
Small Business Enterp  Contract Value:  Comments:		EX VES	ISTING  NO		2 <sup>ND</sup> YEAR		3 <sup>RD</sup> YEAR  Selection factor		
Small Business Enterp  Contract Value:  Comments:  Continued on another p	page (s):	EX \$ \$ YES	ISTING  NO  RECOMME		2 <sup>ND</sup> YEAR  ON				
Small Business Enterp  Contract Value:  Comments:  Continued on another p  SBE	page (s):	EX \$ \$ YES	ISTING  NO  RECOMME		2 <sup>ND</sup> YEAR  ON				
Small Business Enterp  Contract Value:  Comments:  Continued on another p  SBE	page (s):	EX \$ \$ YES	ISTING  NO  RECOMME  Sub-contrac		ON  Bid preferer	ace			

Also send to: oca@miamidade.gov	Date returned to DPM:

To meet this requirement, effective immediately, please use the same input document used for SBD review for measures. Please copy OCA at <a href="mailto:oca@miamidade.gov">oca@miamidade.gov</a> when sending the Input Document to SBD. Please feel free to reach out to your respective manager or me directly with any questions.

Revised April 2005